

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35407

STATE FILE NUMBER

8982

FILED NOV 16 1956

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Montgomery City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS Rural Route	
3. NAME OF DECEASED (Type or print) Edward J. Cunningham		4. DATE OF DEATH Sept. 30, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1871
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY Wabash R.R.Co.	11. BIRTHPLACE (City and state or country) High Hill, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Worker		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jefferson Cunningham		14. MOTHER'S MAIDEN NAME Elizabeth Murry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Anna Auchley, Montgomery City, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency			INTERVAL BETWEEN ONSET AND DEATH
DUPLICATE TO (b) Arteriosclerosis			Sev. Yrs.
DUPLICATE TO (c) 420.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Benign prostatic hypertrophy with urinary obstruction			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Sept. 26, 1956 to Sept. 30, 1956 and last saw her/him alive on Sept. 30, 1956 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. J. Hamilton, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 9/30/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-1-56	23c. NAME OF CEMETERY OR CREMATORY St Marys Cemetery	23d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4704 Washington Ave.		25. DATE RECD. BY LOCAL REG. OCT 1 1956	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> m80

OCT 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Elton R. Remelie*

Licensed Embalmer No. *462*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.